

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16	1					
17						
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19						
20						
21						
22	1					
23						
24		3				
25						
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29						
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31						
32	1					
33						
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35						
36						
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38						
39						
40	1					
41						
42						
43						
44	1					
45						
46						
47						
48						
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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52						
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59	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						